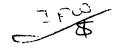
PART B - FEE(S) TRANSMITTAL

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5514 7590 07/27/2004				have its own certifica	te of mailing or transmission.	ст. т	
FITZPATRICK CELLA HARPER & SCINTO \ P E 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 OR (10/2004 Hol 122 00000063 10689717				I hereby certify that to States Postal Service addressed to the Ma	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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01 FC:1501 02 FC:1504 03 FC:8001	1330.00 OP 300.00 OP 15.00 OP	PICAT &	PADEMARY			(Signat	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/689,717	10/22/2003	Naoki Ni		ishimura	03560.002342.2	3955	
TITLE OF INVENTION: USING THE MEMORY E		LEMENT, MEMO	ORY ELEME	ENT USING THE SAME, AN	D METHD FOR RECORD	NG AND REPRODUCI	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1330		\$300	\$1630	10/27/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
NGUYEN, TAN		2818		365-158000	_		
CFR 1.363). Change of correspond Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	tion (or "Fee Address" Indicat or more recent) attached. Use D RESIDENCE DATA TO B	correspondence ion form of a Customer E PRINTED ON 1	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed of a substitute for filing an assignment.				
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Please check the appropriat	te assignee category or categor	ries (will not be pr	inted on the p	atent); 🗆 individual 🗅	corporation or other private gr	oup entity 🖸 governm	
4a. The following fee(s) are	e enclosed:		. Payment of	``			
				the amount of the fee(s) is en			
Advance Order - # of	•	•	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 06-1205 (enclose an extra copy of this form).				
•	s (from status indicated above MALL ENTITY status. See 3	•		nt is not claiming SMALL EN			
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(Authorized Signature) Edward A Km	ett. Reg. No.	$\frac{\text{(Date)}}{42.746}$	18/04	4			
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